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N/A
(Signature)
(Date)

397N 7590 07/23/2010

**BRACEWELL & GIULIANI LLP  
P.O. BOX 61389  
HOUSTON, TX 77208-1389**

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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108006.878	03/23/2004	Leon M. Clements	0771C0.035249	2679
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**TITLE OF INVENTION: PHARMACEUTICAL INVENTORY AND DISPENSATION COMPUTER SYSTEM AND METHODS**

APPL. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional	YES	\$755	\$300	\$0	\$1055	10/25/2010
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EXAMINER	ART UNIT	CLASS-SUBCLASS
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PHONUSVIRAJATI, POONSIIN	3686	705-002000
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363):

☐ Change of correspondence address (or Change of Correspondence Address Form PTO/SB/122) attached.

☒ "Fee Address" indication (or "Fee Address" Indication Form PTO/SB/47; Rev. 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list:

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, 1 Bracewell & Giuliani LLP
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 2 \_\_\_\_\_
- 3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE:

(B) RESIDENCE (CITY AND STATE OR COUNTRY)

Board of Regents, The 201 West 7th Street  
University of Texas System Austin, TX 78701

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☐ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies \_\_\_\_\_

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- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 20-02259, (enclose an e-check copy of this form).

5. Change in Entity Status (from status indicated above)

- ☒ a Applicant claims **SMALL ENTITY** status. See 37 CFR 1.27. ☐ b Applicant is no longer claiming **SMALL ENTITY** status. See 37 CFR 1.27(g)(2).

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Authorized Signature \_\_\_\_\_

Date 9-3-2010

Typed or printed name Dennis S. Bisignano

Registration No. 60,693

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